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No. 172 KH/TUDTN

## **PLAN OF ACTION**

To implement the Youth Law on adolescents and youths' reproductive health care in the 2006-2010 period.

### **I. GENERAL SITUATION**

Adolescents and youths make up one third of Vietnam's population and constitute a major social force in the country. Their reproductive health (RH) has an important significance which decides the future population quality. Recently, with the concern of the Party and State, Vietnamese adolescents and youths have made much progress in their physical health and material and spiritual lives. However, they still confront with many risks and challenges relating to RH and sexual health (SH). They lack necessary knowledge and skills to take care of their RH and SH and have less access to friendly RH and SH care services. The rates of unplanned pregnancy, unsafe abortion, STIs and HIV/AIDS infections, and use and abuse of narcotic drugs remains high.

This situation can be attributed to the limited information and friendly RH and SH services provided for adolescents and youths, which failed to meet their needs. In addition to this, Government programmes have not made sufficient investment in adolescents and youths' RH and SH care, and the coordination between ministries, branches and social organizations have not been effective. Social and family outlook and limited knowledge, particularly limited skills on RH and SH care of the Youth Union and Young Pioneer Brigade staff fail to create a favourable environment for the support and care of adolescent and youth's RH and SH.

In order to strengthen awareness and actions of adolescents, youths and staff of the Youth Union, Youth Association and Young Pioneer Brigade on RH and SH care, realize these contents in the Youth Law, and implement the National Plan on protection, care and improving the health of Vietnamese adolescents and youth in the 2006-2010 period towards 2020; the IEC strategy on population, RH and family planning behavior change; Vietnam's 2001-2010 Population strategy; and the Youth Development strategy till 2010, the Secretariat of the Youth Union Central Committee develops an Action Plan to implement the Youth Law on adolescent and youth's RH in the 2006-2010 period as follow:

## **II. OBJECTIVES**

1. Improve knowledge, skills and behavior of adolescents and youths towards RH and SH care and strengthen their participation in activities to protect themselves and improve their own RH and SH.
2. Retain and replicate intervention models suited to each region and area while developing new IEC models on behavior change benefiting adolescents and youths' RH. Increase adolescents and youths' access to friendly RH services, suited to adolescents and youths, and pay particular attention to those living in difficult socio-economic areas and having low awareness.
3. Strengthen the capacity of staff working in the Youth Union, Youth Association and Young Pioneer Brigade at all levels, and their knowledge and skills to organize RH care activities for adolescents and youths and the capacity to develop and effectively implement the action plan at their working level.
4. Further coordinate and promote the responsibility of relevant ministries, branches, social organizations and local authorities in the process of implementing articles on adolescents and youths' RH provided in the Youth Law. Continue to complement and improve policies on adolescents and youths' RH care and generate a favorable environment to help them access RH and SH information and services.

## **III. MAJOR SOLUTIONS**

### **1. Indicators, contents and measures to realize objective 1**

#### ***1.1. Indicators:***

- By 2010, at least 70% of adolescents and youths will understand the rights and obligations of health and RH mentioned in the Youth Law; and have knowledge, attitude and skills to care and protect their own RH and SH.
- Contribute to realizing the National Plan's targets on protecting, caring and improving adolescents and youths' health, namely:
  - + 80% of adolescents and youth understand about the time easily to get pregnant and 90% understand about contraceptive methods.
  - + 80% of urban adolescents and youths and 70% of rural ones correctly and sufficiently understand about STIs, HIV/AIDS and preventive methods.
  - + 80% of urban adolescents and youths and 70% of rural ones know about risks leading to the use and abuse of narcotic drugs, alcohol, beer and cigarette and have negotiation skills to refuse them.
  - + 80% of urban adolescents and youths and 70% of rural ones know the address of RH and SH counseling and friendly service centers, trust in them and hold the initiative to access these services when they need.

### ***1.2. Contents and measures:***

- Consistently organise and direct the implementation of IEC campaigns, while holding forums, talks, knowledge contests and counseling activities, development of IEC activities on the Internet, taking the advocacy of the authorities, communities, families to help adolescents and youths have correct knowledge, attitude and practice of their RH and SH care.
- Organise the effective use of available IEC products and develop new materials on adolescents and youths' RH (pay particular attention to gender issues and domestic violence against adolescents and youths, and contents of RH and SH counseling for people aged between 12 and 24), including Q & A about rights and obligations of adolescents and youths relating to RH and SH, knowledge of marriage and the family, skills for healthy living, disease prevention, with particular attention paid to the needs of information and the way of using these materials by young people in different areas.
- Include adolescents and youth' RH care in training programmes of staff of the Youth Union, Youth Association and Young Pioneer Brigade and IEC materials of the Youth Union at all levels. Strengthen communication and counseling skills of Youth Union staff at the grassroots level, collaborators and youth volunteers.
- Join efforts with the education sector to include RH and SH education in relevant subjects or extra-curricular activities, particularly summer activities of pupils and students in the localities.

## **2. Indicators, contents and measures to realize objective 2**

### ***2.1. Indicators:***

- Youth Union committees at all levels retain, replicate and improve the quality of existing models. Integrate and develop one or two new models suited to each adolescent and youth target group in each region and locality.
- Increase the rate of adolescents and youths participating in IEC activities and models on RH and SH care and accessing friendly counseling services in their places of residence and work.
- Increase the rate of disadvantaged adolescents above 16 years old having knowledge of RH and SH care, particularly the transmission and prevention of HIV/AIDS and access to friendly services in their places of residence.
- Contribute to reducing new reproductive tract infection (RTI) cases by 50%, new STI cases by 30%, and abortion rate among female adolescents and youths.

### ***2.2. Contents and measures:***

- Review and evaluate outcomes of existing IEC models, and draw experiences and develop guiding materials to replicate suitable models in localities.
- Make research to include RH and SH care in campaigns such as “Youth leading a decent lifestyle”, and “Summer of pupils, students and youth volunteers”, and the “Green, clean and beautiful” movement.
- Develop face-to-face and phone counseling services, peer education, club activities and talks on special subjects; build community collaborator networks to provide counseling and support to young people to help them improve knowledge and skills for RH and SH care as well as skills to cope with risks affecting their RH.
- Develop more cultural, social, sport and physical training and other collective activities to attract the participation of adolescents and youths in this healthy environment, so as to contribute to the protection of their RH and SH.
- Pilot and develop IEC intervention models appropriate to gender and age (priority given to the development of suitable IEC materials) of adolescents and youths. Particular attention is given to people aged between 13 and 24, adolescents and youths living in remote and inaccessible areas, ethnic minorities, those who are in special difficulties, migrants and free laborers.
- Organize IEC activities while providing non-clinical services to adolescents and youths to help them access and use these services and receive counseling on RH and SH care; provide outreach services and counseling at the communities to refer adolescents and youths to reliable health centers or high-quality health services.
- Combine different resources, convince the People’s Committee at all levels to provide financial support to these activities and to encourage non-State organizations and individuals to supply friendly RH and SH services to adolescents and youths.
- Supply IEC and training materials to organizations and individuals who provide youths with counseling services on nutrition, mental health, RH, love, marriage, the family, prevention and control of HIV/AIDS, STIs, other social diseases and drugs.

### **3. Indicators, contents and measures to realize objective 3**

#### **3.1. Indicators:**

- 80% of staff of the Youth Union, Youth Association and Young Pioneer Brigade at the grassroots level access information, knowledge and skills to organize and operate IEC and counseling activities on adolescents and youths’ RH.

- 100% of responsible staff of the Youth Union, Youth Association and Young Pioneer Brigade receive training on knowledge of adolescents and youths' RH and SH, and skills to plan, advise, and organize RH care activities.
- 70% of responsible staff of the Youth Union, Youth Association and Young Pioneer Brigade know how to give advise on organization, monitoring and evaluation of the Action plan on adolescents and youths' RH care at each level.

### **3.2. Contents and measures:**

- Develop Q&A materials on adolescents and youths' health and RH care which is mentioned in the Youth Law, and special materials relating to this issue to provide for Youth Union staff at central and grassroots levels.
- Include adolescents and youths' RH and SH in the regular training curricula of the Vietnam Youth Academy and the annual training programme of Youth Union Committees at all levels.
- Organise training courses and workshops for staff of the Youth Union, Youth Association and Young Pioneer Brigade to strengthen their capacity for IEC activities on behavior change (including planning, monitoring and evaluation skills), RH and SH care among adolescents and youths and the capacity to convince and coordinate with the authorities, sectors, branches and social organisations to effectively realise this task.
- Organise workshops and discussions with relevant departments, sectors and branches to share the concern and experiences on adolescents and youths' RH and SH care to consistently join efforts with them in this area.

## **4. Indicators, contents and measures to realize objective 4**

### **4.1. Indicators:**

- Convince relevant ministries, branches, social organizations and local authorities to include adolescents and youths' RH and SH care in their resolutions, programmes and plans of activities.
- Strictly coordinate with relevant branches and social organizations to hold and effectively guide the implementation of conferences and workshops at all levels; reach a common mechanism of coordination between the Youth Union and related branches and organizations and call on resources from NGOs, businesses and benevolent individuals to successfully realize the Action plan and to improve the policy on adolescents and youths' RH and SH care.
- Strengthen and improve the concern and support from the community and parents to adolescents and youths' RH and SH care.

### **4.2. Contents and measures:**

- The Youth Union Committee at all levels will hold the initiative to convince the People's Council and People's Committee at the same level to include adolescents and youths' RH and SH care in their resolutions and action programmes.
- Hold the initiative to join efforts with related sectors, branches and social organizations to take advantage of their support and financial investment to adolescents and youths' RH and SH care.
- Join efforts with the Committee for Population, Family and Children, the Ministry of Health and concerned branches to continue reviewing existing policies, propose amendments or develop new policies on health and RH care; develop policies giving priority to land use right and preferential loans according to law in order to encourage organizations and individuals to invest in building health facilities to provide health check and treatment for adolescents and youths relating to mental health, RH, family planning and STIs including HIV/AIDS.
- Hold workshops involving policy makers, adolescents, youths, and Youth Union staff to share information and experiences on the development of intervention models for adolescents and youths, and get their opinions on relating issues in order to successively implement the Action plan.
- Join efforts with the National Committee for Vietnamese Youths to include the monitoring and evaluation of the implementation of the Action plan to implement the Youth Law on adolescent and youth RH care in the 2006-2010 period in the Committee's annual review of the implementation of youth policies and laws.
- Join efforts with the Ministry of Education and Training to teach adolescents' RH care in secondary schools, universities and colleges and job training schools.
- Join efforts with mass media agencies at central and provincial levels to accelerate communication activities with diverse methods such as film show, distribution of leaflets, booklets on RH, broadcasts on RH through the local public address system and through the Internet in order to help the community and parents strengthen their awareness, help adolescents and youths access RH and SH information and services and win advocacy from relevant sectors, branches and social organization who will coordinate with the Youth Union to realize its action plan.

### **III. ORGANISATION OF IMPLEMENTATION**

#### **1. Timeframe**

The Action plan will be implemented from now to 2010 in two stages:

*Stage 1:* From the end of 2006 to the end of 2007:

- Develop the Action plan and pilot it in 7 provinces under the UNFPA cooperation programme. The 7 provinces are Ha Giang, Hoa Binh, Phu Tho, Ninh Thuan, Tien Giang, Ben Tre and Kon Tum.
- Prepare and publish materials, provide training for staff and pilot the provincial action plan in order to replicate it in the entire country.

*Stage 2: From 2008 to 2010: Direct the implementation of the Action plan in the entire country.*

## **2. Youth Union Central Committee**

- Include the implementation of the Action Plan in annual monitoring and evaluation of its emulation campaign.
- Youth Union's departments and units in charge of youth movements will coordinate with each other to popularize the Youth Law relating to adolescents and youths' RH, and direct the implementation of this Action plan suited to each target group and area.
- Include adolescents and youths' RH and SH in the training curricula of the Vietnam Youth Academy.
- Join efforts with mass media agencies to accelerate the implementation of the plan; include adolescents and youths' RH and SH in their "Health" and "Population" column and programme.
- Join efforts with relevant organizations such as the Ministry of Health, Vietnam Committee for Population, Family and Children. Ministry of Education and Training and the National Committee for Vietnamese Youths to organize, check and monitor the implementation of the annual action plan by provinces and cities.
- Join efforts with the Committee for Population, Family and Children and relevant ministries and organizations to develop policies encouraging agencies, organizations and individuals to develop counseling on love, marriage and family.
- Develop training materials, and direct the piloting of models; organize annual monitoring and evaluation, review and reward the implementation of the Action plan and share with city and provincial YU committees the experience of developing intervention models.

## **3. Provincial and city Youth Union committees directly under the Youth Union CC**

- Develop the Action plan for the 2006-2010 period and the annual implementation schedule at their level, and direct the implementation of the plan at the grassroots level. Make annual monitoring and evaluation and report to the permanent board of the Youth Union CC.

- Include adolescents and youths' RH and SH education in annual YU and teenager movements and the training programme for YU staff at their level; increase talks, forums and discussions on RH and SH among adolescents and youths; pay attention to replicating effective models and developing new models.
- Make advocacy to the People's Committee at the same level to win an appropriate annual budget to help the YU implement its Action plan.
- Effectively join efforts with the Committee for Population, Family and Children, provincial Department of Health and related branches and social organizations to make full use of available resources, and direct the pilot construction of communication intervention models and friendly health services for adolescents and youths.
- Join efforts with mass media agencies and the provincial Department of Culture and Information to popularize the contents of adolescents and youths' RH and SH over the mass media in the locality.

It is an important task of YU committees at all level to realize the Youth Law on adolescents and youths' RH and SH. The YU Central Committee's Secretariat requests all provincial and city committees to study and organize the implementation of the Action plan. It assigns the Population, Health and Environment Education Center with the task of assisting the implementation of this plan.

FOR THE SECRETARIAT  
YOUTH UNION CENTRAL COMMITTEE  
FIRST SECRETARY

*(signed)*

Vo Van Thuong